

Arizona State Board of Nursing

1740 W. Adams Street, Suite 2000
Phoenix, AZ 85007

Phone: 602-771-7800 | Website: <http://www.azbn.gov>

TO: Applicants for Initial/Renewal Approval of Licensed Health Aide Training Programs

FROM: Arizona State Board of Nursing Education Department

RE: Instructions for Completing a Licensed Health Aide Training Program Application

Thank you for your interest in establishing or renewing a Licensed Health Aide (LHA) Training Program in the state of Arizona. The application and checklist require documents that pertain to state requirements for Licensed Health Aide Training Programs. Resources and forms that are available on our website to assist with the application process include: Article 9 of the Nurse Practice Act (Licensed Health Aide Rules), Sample of a LHA Curriculum and the LHA Application.

There are many references to rules from Article 9 in the application. If there is a reference to a rule it will be shown as “R4-19” The R means it is a rule, “4” refers to Title 4 (Professions and Occupations) “19” means it is in Chapter 19 (the Board of Nursing). The last 3 numbers are the rule number. The first digit of the last number refers to the article. Therefore, R4-19-901 would refer to the first rule in Article 9 of the Arizona Board of Nursing Nurse Practice Act. The Nurse Practice Act can be downloaded from our website. It is the expectation of the Arizona State Board of Nursing that you are aware of the information contained in these documents, as they will assist you in meeting the requirements for a Licensed Health Aide Training Program.

In order to expedite your application we ask that you submit the application in:

- ✓ Electronic Copy emailed to cgeorge@azbn.gov and lledbetter@azbn.gov
- ✓ Numbered sequentially (bottom right corner of page)
- ✓ Include the completed Licensed Health Aide application with supporting documents

INITIAL PROGRAMS also need to submit the following:

- Initial training programs must submit an application packet to the Board at least 90 days before the expected start date of the program
- Implementation plan and timeline for starting the initial course



Did You Remember these items???



1. Did you **Review** Article 9 of the Nurse Practice Act?
2. Did you **Include** supporting documents?
3. Did you **Number** each page of documentation sequentially starting with the first page?
4. Did you **Fill Out** the checklist and verify you have the correct page numbers for each item listed?
5. Did you **Review** and **Sign** the application and checklist?

GREAT!

Please submit your completed application to:

cgeorge@azbn.gov

lledbetter@azbn.gov

Within 30 days of arrival in our office, your application will be reviewed for administrative completeness and checked for deficiencies. If any deficiencies are noted, you will be contacted with a request to provide more information. If you need any assistance during the application process, please contact Cindy George at (602) 771-7857, cgeorge@azbn.gov or Lyn Ledbetter at lledbetter@azbn.gov